

Exhibit “B”

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BOX 1240
NEW YORK, NY 10029

November 26, 2007

Michael Kaplen
427 Bedford Road
Suite 260
Pleasantville, New York 10570

RE: SABINA PARADI

Dear Mr. Kaplen,

The following is a narrative report regarding Sabina Paradi. The following is based on my review of medical records from St. Vincent's Medical Center, Columbia Presbyterian Hospital, Helen Hayes Hospital and a brief report from Angelo Canedo, Ph.D.

Sabina Paradi was a 23 year old woman who was a pedestrian struck by a motor vehicle on February 25, 2007. Emergency medical personnel reportedly found her unconscious at the scene of the collision, with her pupils dilated and in a decorticate-decerebrate posture. She was brought to St. Vincent's Medical Center where her Glasgow Coma Score was reported as four and was intubated. A head CT scan revealed an extensive subarachnoid hemorrhage, right subdural hemorrhage with mass-effect and subfalcine herniation to the left, left mastoid air cell opacification suggesting an underlying left temporal bone fracture, fractures involving the occipital bones bilaterally, sphenoid bone, and clivus, and pronounced mass-effect with obliteration of the basal and perimesencephalic cisterns. A hemicraniectomy was performed on February 26, 2007. Her cerebral perfusion pressure was maintained between 60-90. Her course was complicated by pancreatitis and pneumonia. She required placement of a tracheotomy and gastrostomy. Repeat head CT scanning on February 28, 2007 revealed evidence of the right frontoparietal craniectomy, extension of the brain through the craniectomy defect, left to right midline shift, bifrontal hemorrhagic contusions, and blood along the right tentorium and the posterior aspect of the right interhemispheric fissure. A follow up scan revealed the presence of hydrocephalus, requiring placement of a V-P shunt. Additional scanning performed on March 14 revealed infarcts within the right posterior temporal and bilateral occipital lobes. MR imaging of her brain obtained on April 14 revealed multiple parenchymal contusion as well as small areas of focal hemorrhagic axonal injury, extra-axial hemorrhagic collection consistent with the known history of subarachnoid and subdural hemorrhages, and bilateral mastoid disease. On several occasions, she was noted to be agitated (OT note March 27, RN note April 6) and was at times medicated with analgesics resulting in decreased agitation (RN note March 23-24, RN note April 7). She intermittently followed simple commands (Neurosurgery note

March 31, Neurology notes April 9 and 12) and was noted to move her left upper limb purposefully (Neurosurgery notes April 9, April 12 and April 17).

She was transferred to New York-Presbyterian Hospital Columbia Presbyterian Center on April 18, 2007. The admission note indicated that physicians at St. Vincent's felt that she had inconsistently followed commands. Her course was notable for autonomic storming, treated with multiple medications. She received intramuscular botulinum toxin for abnormally increase muscle tone. She was transferred to Helen Hayes Hospital for rehabilitation on May 1, 2007. She was transferred back to Columbia Presbyterian on May 7 because of swelling around the hemicraniectomy site in addition to continued storming. While at Columbia, her parents agreed to have medical staff provide only comfort care given her poor prognosis for recovery. She was pronounced dead on June 30, 2007.

In summary, Sabina Paradi sustained a severe traumatic brain injury on February 25, 2007. Her course at St. Vincent's Medical Center indicated she intermittently moved her left arm purposefully and occasionally followed simple commands. Her level of consciousness, based on these entries, indicates that she was in a Minimally Conscious State. The Minimally Conscious State is differentiated from the Vegetative State by evidence that an individual maintains at least an intermittent ability to demonstrate purposeful activity in response to either internal or external environmental stimulation. One hallmark of the Minimally Conscious State is that evidence of purposeful behavior is typically intermittent, which is well characterized by her course at St. Vincent's Medical Center. She was also noted to be agitated at times, which was at least partially managed successfully with analgesics, providing evidence that she felt pain and responded favorably to treatment. Given the above, it is my opinion that Sabina Paradi was minimally conscious, had the capacity to feel pain and had some level of awareness of her environment.

In my opinion to a reasonable degree of certainty, her injuries, hospital course, the complications that developed and her death were caused by the injuries she sustained on February 25, 2007.

The foregoing is true to the best of my knowledge. I am a physician licensed to practice in the State of New York.

Sincerely,

A handwritten signature in cursive script, appearing to read "Steven R. Flanagan".

Steven R. Flanagan, M.D.